



Department of Veterans Affairs

**DESIGNATION OF BENEFICIARY**  
GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA      DATE RECORDED      SIGNATURE OF VA INSURANCE OFFICIAL

1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print)

(First, middle, last name)

(Number and street or rural route)

(City or P. O., State and ZIP Code)

←  
Please  
Furnish  
ZIP Code

2A. INSURANCE FILE NUMBER

F

2B. SOCIAL SECURITY NUMBER

3. DAYTIME TELEPHONE NUMBER  
(Include Area Code)

(      )

1B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE RECORDS?      ☐ YES      ☐ NO

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH  
BENEFICIARY ENTERED IN THE PRINCIPAL  
AND CONTINGENT BENEFICIARY AREAS BELOW

B. BENEFICIARY'S SOCIAL  
SECURITY NO. (If known.  
See instruction  
No. 5 on reverse)

C. RELATION-  
SHIP TO  
INSURED

D. SHARE TO EACH  
(Use fractions,  
such as 1/2, 2/3,  
or "all")

E. OPTION  
FOR EACH  
(1, 2, 3 or 4)

PRINCIPAL

1

1

1

1

OR TO SURVIVOR(S)

1

CONTINGENT

(Person(s) who get proceeds if all of the Principal  
Beneficiaries die before the Insured. If none, write "none")

1

1

1

1

OR TO SURVIVOR(S)

1

5. REMARKS (Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED (Do not print)

7. DATE

8. NAME AND ADDRESS OF WITNESS (Type or print)

If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.